

External Quality Assessment for HOLOGIC Panther® and Tigris® System 2026

Nucleic Acid Detection for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG)

Registration form

Please send back the complete filled in and signed registration form until **March, 1st 2026** by fax (0049 5222 8076-253), e-mail (info@labcon-owl.de) or mail to LABCON-OWL Analytik, Forschung und Consulting GmbH, to the attention of Ms. Kofoet and Ms. Diekmann, Siemensstraße 40, 32105 Bad Salzuflen, Germany.

Registration for (please mark!)

☐

EQA I/2026 (March/April):

four samples, each in replicates of two;
250,00 € (plus VAT)

☐

EQA II/2026 (September/October):

four samples, each in replicates of two;
250,00 € (plus VAT)

Address and contact details of participant

No. of participant:

to be filled in by QC-panel host

Delivery address

Institute _____

Contact person

Name _____

Street _____

Address _____

Phone No. _____

Fax No. _____

e-mail _____

Invoice address (only if different)

Institute _____

Name _____

Street _____

Address _____

Additional information (e.g. VAT):

I hereby confirm that I am authorized, within the scope of my diagnostic responsibilities, to perform direct and/or indirect detection of infectious pathogens. I am aware of the applicable legislation.

Institute-/Lab. stamp

Date

Signature